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## Cost-Effectiveness of a Heart Failure Management Program From the Societal Perspective?

I read with great interest the study by Capomolla et al. (1), which was recently published in this *Journal*. The investigators assessed the cost-effectiveness of an interdisciplinary heart failure management program delivered by day-hospital compared with usual care. In times of increasing pressures to contain health care resource consumption, the study by Capomolla and colleagues represents an important contribution to the literature.

The investigators state that their cost-effectiveness analysis was conducted from the societal perspective, whereas it actually represents an analysis from the health care perspective. When defining the perspective of an economic evaluation, the following key issues need to be considered in order to be in line with a societal viewpoint:

**The type of costs in economic evaluation.** In an analysis from the societal perspective, all costs are included. In addition to health care costs, productivity costs should have been assessed (2,3). This is important if the age of the study population is relatively young. The average age in the study by Capomolla et al. (1) was 56 years. The researchers might have therefore missed a significant proportion of the costs from a societal perspective, thereby probably underestimating the cost-effectiveness of the interdisciplinary heart failure management program, a program that might help to avert future production losses in that it enables the sick person to work again or work until later in his or her life.

**Time horizon of the analysis.** From an economic perspective, the appropriate time horizon for a trial would include all of the time when there is resource use related to heart failure (4). Because heart failure is a chronic disease, a life-long treatment/management is necessary. Accordingly, to agree with a societal perspective, the follow-up period of 12 ± 3 months of the within-trial evaluation might have been expanded within a modeling framework. In such a simulation study, one would describe the course of the disease with and without the intervention for a patient's lifetime. The simulated societal costs and (untruncated) life-expectancy resulting from the two strategies would then be compared in an incremental analysis.

**The utility of health states.** The utility values were elicited from patients using the time trade-off technique. In a societal cost-effectiveness analysis, it is not the patients' utilities but the utilities that society attributes to the health states experienced by the patient that should be included in the study. That is, a random sample of the general public should have been asked to estimate utilities from the societal perspective. Alternatively, the EuroQoL questionnaire (5), a generic measure of quality of life, could have been administered to the patients in the study. Value sets are available that can be used to attach societal utility values to the health states described by the patient in the EuroQoL questionnaire.

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## REPLY

We thank Dr. Sendi for the methodological considerations of our study.

**The type of costs in economic evaluation.** In our economic analysis we considered both direct health costs and indirect costs (as missing profit). The choice of evaluating the former costs was a consequence of the management strategy. In the analysis of